Seclusion and Restraint Documentation: Richmond State Hospital

Summer 2015
“The initiative to reduce the use of seclusion and restraint is part of a broader effort to reorient the State mental health system toward a consumer focused philosophy that emphasizes recovery and independence... Seclusion and restraint with its inherent physical force, chemical or physical bodily immobilization and isolation do not alleviate human suffering. It does not change behavior.”

Charles Curie, Administrator SAMSHA, 2005, Roadmap to Restraint Free Mental Health Services
Objectives:

1. Review the required documentation for use of seclusion or restraint which includes:
   - Seclusion and Restraint Order 55781 (R/3-15)
   - Seclusion and Restraint Face-to-Face Assessment 55782 (R/3-15)
   - Seclusion / Restraint RN Documentation, Pre-Episode 55208 (R2/3-15)
   - Seclusion / Restraint RN Documentation, Post-Episode 55208 (R2/3-15)
2. Highlight areas of documentation that have been deficient
3. Review major policy points in “Seclusion and Restraint Hospital Policy 140.02” which is available on the Intranet.

The forms have been revised to make documentation and auditing easier
Seclusion and restraint may only be used as an emergency safety intervention of last resort to ensure the immediate physical safety of the patient, staff and others, and after other less restrictive interventions have been determined to be ineffective.

(RSH policy 140.02)
Seclusion and Restraint Order

• Make sure the duration of the order is specified. *Remember, time limit is 2 hours for adults, 1 hour for adolescents up to age 18.*

• Remember to explain the release criteria to the patient

• Sign the order. *Telephone and verbal orders must be signed within 1 hr EXCEPT for manual holds after 4:30, weekends, and holidays – within 24 hours is fine. ** This is due to the Nurse Supervisor completing the Face-to-Face assessment and documenting.*
SECLUSION / RESTRAINT ORDER
State Form 55781 (R / 3-15)
RICHMOND STATE HOSPITAL

☐ Yes ☐ No  Telephone order?
☐ Yes ☐ N/A  If order for seclusion/restraint was obtained by telephone, RN reviewed patient’s condition with
physician?
☐ Yes ☐ No  Does this patient have physical or psychological factors influencing the use of seclusion/restraint?
If yes, explain:
______________________________________________

Reasons for Seclusion/Restraint: (check all that apply)
☐ Physically aggressive/assaultive to: peers staff self
☐ Immediate threat of assault/aggression to: peers staff self
☐ Administration of involuntary medication (Manual Hold only)
☐ Other, Describe: ____________________________

Less Restrictive Interventions Attempted Prior to Seclusion/Restraint: (check all that apply)
☐ Active Listening  ☐ Asked patient to go to quieter area
☐ Limit Setting  ☐ Removal of patient to quiet area
☐ Medication  ☐ Moved irritants/triggers or persons from area
☐ Physical Activity  ☐ No warning of behavior escalation
☐ Redirection  ☐ Other, Describe: ____________________________

Outcome of less restrictive interventions (explain):_____________________________________________

☐ Yes ☐ No  Reason for Seclusion or Restraint explained to the patient?
☐ Yes  Is continuous one-on-one patient monitoring in place during the seclusion/restraint?

Patient Placed In: (check all that apply)
☐ Manual Restraint (Hold)
☐ Mechanical Restraint – Chair  4 point  5 point/chest  4 point wrist/ankle  PADs
☐ Mechanical Restraint – Ambulatory  4 point wrist  5 point/chest
☐ Mechanical Restraint – Bed  4 point
☐ Mittens / Wrist
☐ Spit Mask
☐ Other – Describe: ________________________________________________________________
☐ Seclusion

Release Criteria: (check all that apply)
☐ Free from threatening behavior towards self and others
☐ Calm, quiet, directable and receptive
☐ Demonstrates ability to follow directions necessary for safety
☐ Maintain physical and/or verbal self-control
☐ Verbally contracts with staff to ensure safety of self & others
☐ Other  Describe: ________________________________________________________________

☐ Yes ☐ No  Were the Release Criteria explained to the patient?

Seclusion & Restraint Order:

*most of the S&R orders are telephone*

RN’s please document the review of the patient’s condition for telephone orders

Release Criteria explained to patient?
Seclusion & Restraint Order:
Up to _____ hours and _________ minutes

Duration of S&R Order (Maximum two (2) hours adults, one (1) hour if under eighteen (18) years of age)

Order for Seclusion or Restraint given by ___________________________ on ___________________ at _______________ (Physician) (mm/dd/yy) (Time)

Registered Nurse obtaining the order: ______________________________     _____________________________ (Printed Name) (Signature)

Physician Signature: ___________________________________ __   Date (mm/dd/yy): ___________________________ Time:

A physician must sign (authenticate) the order within 1 hour except manual restraint orders after 4:30, weekends, and holidays when a physician can sign the order within 24 hours.
SECLUSION / RESTRAINT FACE-TO-FACE ASSESSMENT
State Form 55782 (R / 3-15)
RICHMOND STATE HOSPITAL

A Face-to-Face Assessment must be completed within one (1) hour of the initiation of a restraint, and a Face to Face Assessment must be repeated every other renewal of the order thereafter. Trained Nurse Supervisors may perform the Face-to-Face Assessment for brief manual restraints during non-business hours (after 4:30 pm, holidays, and weekends).

Seclusion/Restraint is Warranted for the Following Reasons: (check all that apply)

☐ Aggressive or violent behavior
☐ Danger of harming self or others
☐ Less restrictive interventions attempted, but unsuccessful

Yes ☐ No ☐ Patient’s medications reviewed?

When doing the face-to-face, don’t forget to document medications reviewed
In face to face assessments, in past audits, we’ve had deficiencies in the following items in yellow....

Patient’s Medical Condition at the Time of Assessment:

☐ Brief Hold – Out of restraint when assessed

☐ Yes ☐ No  Injured during restraint?  If yes, describe: __________________________

☐ Yes ☐ No  Circulation normal?  If no, describe: ______________________________

☐ Yes ☐ No  If patient diabetic, was blood sugar assessed?  If yes, BS result = ____

☐ Yes ☐ No  Change in respiratory status? (color changes, diaphoretic, increased rate, wheezing) If yes, describe: __________________

☐ Yes ☐ No  Signs/symptoms of hyperthermia? (confusion/delirium or flushed, hot skin) If yes, describe: ______________________

Hopefully the re-format of the form will help .....
INJURIES NOTED ON INITIAL ASSESSMENT:

- None noted or reported by patient
- Injury noted:
  - Abrasion
  - Bruising
  - Laceration
  - Swelling
  - Redness
  - Other: __________________________

Location (use ID code from graph →)

- __________________
- __________________
- __________________
- __________________

Injuries noted?
<table>
<thead>
<tr>
<th>Notified</th>
<th>Method of Notification</th>
<th>Date (mm/dd/yy) / Time</th>
<th>Staff who Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Supervisor</td>
<td>Telephone</td>
<td>Page</td>
<td>In Person</td>
</tr>
<tr>
<td>Attendant Supervisor/Timekeeper</td>
<td>Telephone</td>
<td>In Person</td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td>Telephone</td>
<td>Page</td>
<td>Voice Mail</td>
</tr>
<tr>
<td>Family**</td>
<td>Telephone</td>
<td>Voice Mail</td>
<td>No authorization to notify family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family not notified, Social Worker to notify them.</td>
</tr>
</tbody>
</table>

Notifying families remains very important in communicating significant clinical events...social workers are RSH’s primary liaison with families, but if not available...RN’s notify
For RN’s...make sure that staff sign the check sheet for observation for patients in restraint chair.

Everyone....

always sign your name/date/time...
Welcome to the revised S&R documentation forms
Thank you for completing this inservice on Seclusion and Restraint Documentation.

Please date & print/sign your name and turn this page in to Diane Mustard in Staff Development to be placed into your training records.

Print Name:__________________________

Signature:____________________________

Date:______________________________